Name in Full

Certificate of Death

Rose Adams

Town

County

Died at St. George's Island St. Mary's MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1914 Nov 12, | Age 48 — — | Maryland | Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ of

Wife John A. Adams

Father's Name Geo. W. Roe, Sr. Mother's Maiden Name Miss Roker

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick 2 Years

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by T. Hoofer Lynch M.D.

Address Valley Lee, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79008

Name in Full: Herman Bond

CERTIFICATE OF DEATH

Died at: Town: Morganza — County: St Marys — MARYLAND

Date of death: Month: Nov. — Day: 21 — 1904

Age: Years: 40 — Months — Days

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband:

Father's Name: Cornelius Bond.

Father's Birthplace: Md

Mother's Maiden Name:

Mother's Birthplace: Md

Name of person giving Information: Henry Bond

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia

How long: 10 days

Immediate: Cardiac Failure

How long: 6 hours -

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. B. Johnson

Address: Morganza -

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Leo Bond

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Palmers | County: St. Mary's

Date of death 1904: Month: 11 | Day: 13 | Age — Years: — | Months: 7 | Days: —

Sex: male | Color or Race: Colored | Birthplace: md

Married, Single or Widowed: — | Occupation: —

Name of Wife or Husband:

Father's Name: James Henry Bond | Father's Birthplace: md

Mother's Maiden Name: Cora Madeline | Mother's Birthplace: md

Name of person giving information: James H. Bond | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 105 | How long:

Immediate: Anemia | How long: 6 mos.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Robt. V. Palmer

Address: Palmers Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Mary E. Calvert

Town

Wayden

County

St. Marys

MARYLAND

Died at

Date 1904	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	Nov.	18.		1	6	—	Maryland	None

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name James Calvert

Mother's Maiden Name Ellen Thalen

Cause of Death: Primary — Broncho-pneumonia — How long sick 8 days

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by T. Harper Smith, MD

Address Valley Lee, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Lewis Campbell

Died at Town California County St. Mary's MARYLAND

Date 1904	Month 11	Day 20	Age Y. 68 M. D.	Native of Md.	Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | Divorced | Number of children living 3

Husband of Wife Lucy Campbell

Father's Name | Mother's Maiden Name

Cause of Death { Primary: Unknown | Immediate | How long sick: Died Sudden

Accident, Suicide, Homicida

Reported by Lewis T Clarke Undertaker

Address Great Mills St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7989

Name in Full: Elizabeth Collins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Leonardtown — County: St Marys

Date of death 190: Month: 11 — Day: 2 — Years: Age 75 — Months — Days

Sex: Female — Color or Race: Negro — Birthplace: St Marys Co

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: — — — — Father's Birthplace: —

Mother's Maiden Name: — — — Mother's Birthplace: — —

Name of person giving Information: George Curtis — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: About 2 yrs

Immediate: Coma — How long: 8 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos Smith

Address: Leonardtown

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Wm P. L. Douglas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Charlotte Hall — County: St Marys County

Date of death: Month: 11 — Day: 3 — 1904

Age: Years: 4 — Months — Days

Sex

Color or Race: Colored

Birthplace: near Hundersville Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name or Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm H Douglas — born in St Marys County Md

Father's Birthplace: near Indian Creek

Mother's Maiden Name: Ida Tolson

Mother's Birthplace: All Faith Parish

Name of person giving Information: Pat Douglas

How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy — How long: 2 weeks

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: G W Petherbridge M D

Address: Charlotte Hall Md

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: Benj. Fournier

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Leonardtown — County: St Marys

Date of death: 1904 — Month: 11 — Day: First — Age: 70 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: St Marys Co

Occupation: Sailor — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Nannie Fournier

Father's Name: — — — — Father's Birthplace: — —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Mrs Nannie Fournier — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis of Urinary Bladder — How long: 3 Weeks

Immediate: Coma from Uremia — How long: 12 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos Lynch

Address: Leonardtown Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Louisa Goldring

CERTIFICATE OF DEATH

MARYLAND

Town: _____ County: _____

Died at

Date of daath 1904: Month: Nov. Day: 5th

Years: Age 80 Months: _____ Days: _____

Sex: Female Color or Race: Colored Birth-place: Maryland

Married, Single or Widowed: Widowed Occupation: _____

Name of Wife or Husband: Hagar Goldring

Father's Name: Don't Know Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know Mother's Birthplace: Don't Know

Name of person giving In formation: _____ How related to deceased: _____

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart disease 79 How long: Six months

Immediate: _____ How long: _____

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jack R. Morgan

Address: Mechanicsville, Md.

Accident or Suicide?

LIBRARY BUREAU A89316

Name in Full: John Ernest Hodge

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Clements — County: St. Marys

Date of death 1904 — Month: Nov. — Day: 24 — Years: Age 22 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Farming — Where Residing if not at place of death

Married, Single or Widowed: Single — Name or Wife or Husband

Father's Name: Sy Hodge — Father's Birthplace

Mother's Maiden Name: Mary Somerville — Mother's Birthplace

Name of person giving Information: Geo. Holt — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Abscess of Lever — How long: 6 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. B. Johnson

Address: Morganza

Accident or Suicide?

PHYSICIAN OR CORONER

L

LIBRARY BUREAU A66016

Name in Full

Certificate of Death

Rebecca Holmes

Died at Town Rive Springs County St. Marys MARYLAND

Date 1904	Month 11	Day 28	Age Y. 73	M. –	D. –	Native of md	Occupation —

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3

Husband of

Wife

Father's Name —

Mother's Maiden Name Sylvia Smothers

Cause of Death: Primary Chronic interstitial nephritis. How long sick 12 mos.

Immediate

Accident, Suicide, Homicide

Reported by Robt. V. Palmer

Address Palmers md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Francis Lee Mattingly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mechanicsville — County: St Mary's

Date of death 1904: Month: Nov. — Day: 6 — Age: Years: 51 — Months: — — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widower — Occupation: Farmer

Name of Wife or Husband: Mary Goddard

Father's Name: James Mattingly — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah A. Mattingly — Mother's Birthplace: Maryland

Name of person giving In formation: Fannie Adams — How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis — How long: two years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Zach. R. Morgan

Address: Mechanicsville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Hank J. Payne

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clements — County: St. Marys

Date of death: Month: Nov. — Day: 24 — Year: 1904

Age: Years: 64 — Months: 5 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Sophia M. Richdes

Father's Name: Richard Payne — Father's Birthplace: Md.

Mother's Maiden Name: Miss Hayden — Mother's Birthplace: Md.

Name of person giving Information: Mrs Payne — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 2 Weeks

Immediate: Intestinal Hemorhage — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. B. Johnson

Address: Morganza

Accident or Suicide?

LIBRARY BUREAU A68816

Name In Full

Certificate of Death

Catherine M. Somerville

Died at Town: Park Hall County: St. Mary's MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Nov.	30					

Date 1904 | Age

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ Wife of Wm. Somerville

Father's Name

Mother's Maiden Name

Cause of Death: Primary

Immadiate

How long sick

129

Accident, Suicide, Homicide

Reported by R. H. Shermantine

Address California Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full — Certificate of Death

Harriet A Statesman

Died at Town: Hermanville County: St. Marys Co. MARYLAND

Date 19 04 Month: Nov Day: 14 | Age Y. 74 M. D. | Native of Maryland | Occupation Domestic

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living 1

~~Husband~~ Wife of Sam Statesman

Father's Name John Lee | Mother's Maiden Name -

Cause of Death: Primary Tuberculosis 2 yrs | How long sick 2 yrs

Immediate | Accident, Suicide, ~~Homicide~~

Reported by B. W. Thomas

Address California Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 76828

Name in Full: Moses Thompson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Leonardtown; County: St Marys

Date of death: 1904 | Month: Nov | Day: 4 | Age: Years: 72 | Months: — | Days:

Sex: Male | Color or Race: White | Birthplace: St. Marys Co

Occupation: Cooper | Where Residing if not at place of death: —

Married, Single or Widowed: Married | Name of Wife or Husband: —

Father's Name: — | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

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Name of person giving In formation: A. L. Thompson | How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Diarrhoea | How long: 2 yrs

Immediate: Age + exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? yes | Signature of Physician: R. P. Greenwell

Address: Leonardtown Md.

Accident or Suicide?

LIBRARY BUREAU A88816